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MISCELLANEOUS.

Infantile Cerebral Hemiplegia, Polio-Encephalitis.

By W. S. LINDSAY, M.D.,

Professor of Diseases of the Mind and Nervous System,
Kansas Medical College, Topeka.

Report of a case read before the Topeka Academy of Medicine, March, 1895.

A disease characterized by motor paralysis of muscles of the face and upper and lower extremities of one side of the body, homologous to polio-myelitis. The greater number of these cases occur before five years of age and generally during the Summer months.

We have then in the ætiology to include as possible factors the many pitfalls that especially beset infant life, as well as the heat of the sun.

Among these we notice dentition, weakness of heart's action, inability to digest many kinds of food, shocks from fright, and falls with head injury. Infections also come in here as elsewhere to share in the causation. We note the fact that in many cases the general health of the children is exceptionally good, hence we must include Ramney's expression, "Certain idiopathic causes which are not well understood."

There is usually at the onset of this disease convulsion, which may recur and be followed by coma of several days' duration. Fever and delirium are generally present. During this convulsive and comatose stage, the distinctive characteristics of the disease may not be manifest, hence a diagnosis cannot be made. Immediately following

this, however, it will appear that arm and leg of one side have lost motor energy, and if the child is old enough to talk aphasia will be observed in some degree if the right side is the seat of paralysis—which it is in a majority of the cases recorded.

Examination at this time will reveal exaggeration of tendon reflexes, in many cases disparity of pupils with normal electrical reaction. Later on there appears rigidity of affected muscles, particularly of the arm.

In many cases the facial paralysis disappears entirely after a few weeks and the leg is quite likely to be much improved, but the arm seldom recovers entirely, and generally remains permanently disabled, the forearm and fingers being flexed, and in later stages athetosis of fingers and toes is seen.

Choreaic movements occur in the affected parts, and sometimes convulsions recur late in the disease either in groups of muscles or as a general seizure.

The mental faculties are frequently impaired. The paralyzed muscles are smaller than their fellows of the opposite side, but the freshness of skin and tonus of muscle are normal. In making a diagnosis of this disease it is only necessary to exclude polio-myelitis, as this is alone likely to be confounded. The contrast in clinical appearance of the two conditions is quite marked, viz.:

Polio-Encephalitis—

- Convulsions with coma.
- Fever.
- Exaggerated reflexes.
- Normal electrical reaction.
- Rigidity of muscles.

Polio-Myelitis—

- Convulsions may occur.
- No sensory disorder.
- Diminution or complete loss of tendon reflexes.
- Reaction of degeneration.

Flacid condition of muscles with marked atrophy.

Pathology—Inflammation of cells of motor area of one side cerebrum followed by degeneration or sclerosis.

It matters very little whether or not we accept the theory of Strumpel that the disease primarily is a cell affection or the commonly accepted idea that superficial blood vessels rupture and pour out their contents, which makes pressure on the motor cells, or that these vessels contain one or more thrombi which obstruct the current of pabulum to the cells.

It is disturbance of cells of grey matter in either event, and the loss of the physiological function of the part, as well as the results of autopsies, shows this. Hence I think polio-encephalitis is the preferable term by which to indicate this disorder. No one questions the propriety of naming the corresponding condition of the cord polio-myelitis, although the pathology has required revision within the past few years.

The pathology of infantile spinal paralysis is, according to the investigations of Goldschneider and Siemerling, somewhat different from the generally accepted teaching of Charcot, who taught that the disease in the first instance was an acute parenchymatous inflammation affecting chiefly the ganglionic cells of the anterior horns of grey matter in the cord.

The results of the researches of the above-named investigators show that polio-myelitis begins with a very intense congestion of the central arteries of the spinal cord.

The engorgement of these vessels and their peripheral branches hinders the cell metamorphosis of gray matter in the cord, and impoverished nutrition and necrosis follow. This point was clearly set forth by Starr and Dana last Summer on the occasion of an epidemic of polio-myelitis which occurred in the vicinity of Rutland, Vt.

Case—In December, 1893, I received the following history of a case from Dr. C. S. Runnells, of Cedar Point, Kas.:

CEDAR POINT, KAS., December 21, 1893.

Dr. W. S. Lindsay, Topeka, Kas.—DEAR

DOCTOR: I was called July 24 to see A. T., aged 20 months, who had every symptom of insolation. Found him in a comatose condition, labored respiration with stertor, livid suffusion of the face, twitching of the muscles on one side, attended with convulsions. Pulse 180, temperature $106\frac{3}{4}^{\circ}$, respiration variable. Pupils did not respond to light; great restlessness and bowels acted every few minutes, very offensive and accompanied with discharges of gas. He remained in a comatose state for several days, which changed to a semi-comatose state. Fever continued for 14 days, about 103° in morning and 106° at night. Complete paralysis followed immediately. The boy ran out in the hot sun in his barehead, and this came on suddenly when out in the heat of the day. Otherwise I might have thought it a case of pure meningitis in the start. I kept him under the usual treatment; soon had the convulsions under control. He took no notice of anything for almost thirty days. There was also facial paralysis, and great difficulty in swallowing even water and milk.

The boy's mouth is now straight and he has some use of his leg and arm; can move them some, but don't seem to have much control over their movements. There is no perceptible difference in the size of the paralyzed and sound side; his general health is good and he is getting quite fleshy.

It does not seem to affect his mind and he has a bright look out of his eyes. I will send him down.

This case was brought to me February 4 of the present year, over eighteen months after the attack described by Dr. Runnells.

At this time I found a vigorous, well nourished child with rosy cheeks and animated expression of countenance, about $3\frac{1}{2}$ years old. The right arm and leg shorter than their fellows of opposite side, but not atrophied or flaccid—the right leg being as large in circumference as the left one, the right arm $\frac{1}{2}$ inch smaller than the left. There was contracture of muscles of the affected hand and wrist causing permanent flexion of the hand and fingers. This could be overcome in great measure by firm pres-

sure. There was no apparent voluntary motion of the hand or arm, but some movements which seemed aimless and involuntary.

The motion of the leg was sufficient to enable the child to walk and even run, but lacking the suppleness of the other leg. I could not get other motions of the leg than that required in walking.

There was rigidity of the muscles of both the arm and leg of the affected side during the waking hours, which seemed to be perfectly relaxed during sleep.

The pupil of the left eye was larger than the right, and while it responded to light it did so in an unsteady manner.

The muscles of face and throat seemed normal. There had been for several months slight spasms of muscles of the right arm and leg, which came on irregularly—oftener in the leg. There was great unsteadiness in the patient's gait, and he frequently fell and sustained bruises of the head and face. This seemed to be partly due to spasms and rigidity as well as paralysis.

The electrical reaction of the affected parts was normal. Spinal reflexes, particularly the patellar, quite exaggerated.

The treatment pursued has been active massage including vapor bath and contractions of the affected muscles twice a week with either static or Faradic electricity.

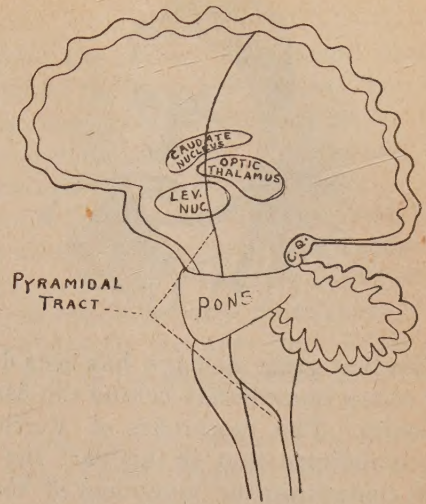
I have also applied a splint to the contracted hand, which I keep applied about half the time, keeping extension of the fingers and wrist. There is some improvement, in the hand more particularly, which has lost some of the rigidity, and there is some voluntary contraction of the fingers.

I think we are warranted in keeping up active measures for six months or more.

The object of reporting this case was to point out the clinical difference between the condition described and polio-myelitis, and also to call attention to the *rationale* of the term polio-encephalitis.

The cerebral symptoms common to both polio-myelitis and polio-encephalitis, and the location of both being within the pyramidal tract only at different levels, seem to me strong arguments in its favor.

The blackboard illustration is given sim-



ply to recall the anatomical relation of the parts.

Gunshot Wound of the Brain.

Part of a clinical lecture delivered at Christ's Hospital
January 7, 1895.

Ladies and Gentlemen: At our last lecture we considered the motor area of the human brain situate on both sides of the fissure of Rolando and above the parieto occipital fissure.

I present to you to-day this young man, whose case involves directly these parts.

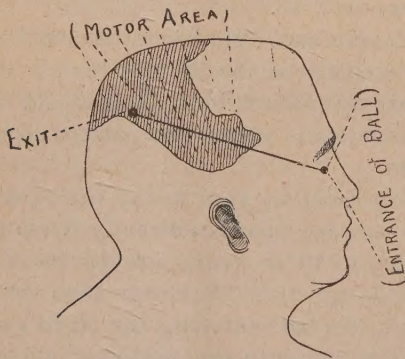
About three years ago by the accidental discharge of a 32-calibre revolver he was shot, the ball entering the right eye and escaping through the posterior portion of the parietal bone on the same side, as you see.

The diagram illustrates the line of penetration which, as you will observe, passes through the motor area. While there is still some difference of opinion as to the exact location of the various motor centers, we





notice that great damage has been done to the cortex immediately behind the fissure of Rolando. The researches of Ferrier and others indicate that in this part the motor cells controlling the movement of the hand particularly, have their seat. We observe further that in the immediate vicinity of this area lie the centers for the face, arm, and leg. The two former being in front of the fissure and in the cortex.



You see the injury from the wound begins deep in the brain from side to side and would reasonably not be great in the cortex, till we approach the point of exit of the ball, hence the centers for face and arm would suffer less than those for the hand. The center for the leg being the posterior part of the motor area, you observe would be injured still less.

The history of the young man shows that he was comatose several hours immediately following the wound, and that a complete motor hemiplegia of the left side was found on his return to consciousness.

The paralysis of the face was quite temporary. After a few weeks he began to move the leg, and this part of the paralysis

has gradually lessened till the present time, when, as you see, he walks fairly well.

Motion of the arm, too, has returned in great measure.

The hand, you observe, remains permanently disabled, the fingers and the hand itself being held in flexed position by firm contracture of muscles.

On the application of electricity we find that all the muscles can be made to contract by touching the motor points, which shows that the peripheral motor fibers are not degenerated.

Dr. Peers, who sent the case to me, had used Faradism on the hand and forearm for several weeks, and I have applied the static current more than one month without any apparent improvement in the motion of the hand.

This is necessarily a permanent impairment of motion, the great wonder being that the patient has survived.

There is nothing to be gained here by operative interference since there is no evidence of pressure on the cortex.

The patient has had no convulsions and suffers no pain. Aside from the loss of the eye and hand he seems to be in good general condition.

DIPHTHERIA ANTITOXIN BY ELECTRICITY.

Dr. Nencki, of St. Petersburg, has succeeded in producing diphtheria antitoxine by means of electricity. His method is the following: Producing by cultivation in the ordinary way a very virulent diphtheritic broth, he passes through this solution a continuous current of electricity of from 100 to 200 milliamperes for eighteen hours. The broth thus treated was found to be capable of curing a rabbit of diphtheria which had been inoculated with the disease eighteen hours before.

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W. E. McVEY, B.S., M.D., EDITOR.

COLLABORATORS:

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W. S. LINDSAY, M.D., Topeka, Kas.

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Topeka, Kansas, Saturday, May 11, 1895.

Causation of Nervous Diseases.

Professor M. Allen Starr, in an address recently delivered in Baltimore, shows, at some length, argument that defective nutrition is the fundamental cause of many nervous diseases. This idea is of course not original with Professor Starr, but the detail of experiments made by Roger and Lubinow, in connection with the table and observations of the author, make this a valuable paper.

The probability of autointoxication in mental diseases as presented in the paper, is most reasonable although not yet proven. The chemistry of nutrition in its relation to the vital processes is a field which would seem to include much more even than Professor Starr attributes to it.

Besides the nervous and mental diseases referred to, the same experiments and train of reasoning might apply with equal force to diseases of the liver, kidney, and even tuberculosis of the lung.

The fact, however, that brain and nerve tissue are the highest type of cell structure, always permanently affected by the process of degeneration, gives a prominence to this part which fully warrants their being mentioned first in the consideration of malnutrition.

The treatment of nervous diseases by massage, vapor baths, increased amount of liquid taken, and the overfeeding of Mitchell, are all in line with the idea of the paper and are doubtless our strongest defenses against this ever increasing train of maladies.

New York Letter.

POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL,
NEW YORK, May 4, 1895.

As probably very few readers of the JOURNAL have ever seen the building now occupied by the Post-Graduate Medical School and Hospital, it being a comparatively new building, a slight description of it may not be out of order.

The location, corner of Second avenue and Twentieth streets, is a very good one, the street-car service being very convenient. The building is six stories high and cost over \$600,000. On the roof is a play ground for the children, and when the days are pleasant it is always filled with little patients. The view of the city from the roof is a good one.

The operating room is built entirely of marble and all the doors leading into it are entirely backed with glass. The entire roof of the operating room is of glass, besides being lighted by electricity. Heat and ventilation are both perfect, being carried on by the aid of electric fans.

In the second basement are located the dissecting rooms. Prof. Phelps is at present fitting up a room with a forge, anvil, etc., for the purpose of teaching the art of making braces, splints, etc. Last, but not least,

there are here as well trained and good looking corps of nurses as are to be found in the land.

There are at present being treated in the several dispensaries of the hospital an average of 10,000 patients a month.

Prof. Morris this week performed a very unique experiment, *i.e.*, grafting a piece of healthy ovarian tissue, taken from one patient, into the uterus of another patient, from whom both tubes and ovaries had been removed. On being asked if the ovarian tissue should grow in the uterus if it were not possible to graft in a piece of testicle also, he replied that he thought it would be possible. The opinion was then advanced that if such a thing was to happen it would be a gloomy outlook for the male sex.

On last Monday Prof. Abbe removed a larynx for malignant growth. To-day he performed an operation on the brain of a young man for epileptic convulsions brought on by traumatism. The case had been previously operated on some time ago, but all the sequestræ of bone had not been removed. He excised the scar of the scalp, removed several projecting fragments of bone, broke up the adhesions between the dura mater and the brain, which were very large and abundant, and inserted a very thin piece of rubber tissue between the brain and dura mater to prevent the adhesions from reforming. What the ultimate result will be cannot now be told, as the operation of putting in the rubber tissue has only been done once before. Prof. Abbe is a neat, clean and very careful operator, and has fine results.

One of the most interesting operations this week was one by Professors Dunham and Abbe, consisting of a plastic operation for extrophy of the bladder, in a female two years of age.

This week there have been presented in the clinic three typical specimens of cretins. They are all being treated by the thyroid extract with good results.

This evening the clinical society of the school held their regular bi-monthly meeting at which Prof. A. H. Smith read a paper entitled, "Some Points in the Physical Examination of the Chest." It was a very

valuable paper and it and the discussions were enjoyed by all present.

J. M. FRANKENBRUGER, M.D.

A Proposed Step Backward.

Journal of American Medical Association.

We are advised by a reliable authority that the College of Physicians and Surgeons of Baltimore, Md., have filed a proposed amendment to the constitution of the Association of American Colleges which, if adopted, would undo the good work accomplished at San Francisco, providing that graduates after 1898 shall have attended four courses of lectures in different years before receiving the degree of M.D. In view of the decided action taken upon this question by the American Medical Association at Detroit, and, in fact, since its organization, we feel it our duty to protest against the position taken by the Baltimore college. In this protest we believe we shall have the sympathy and support of 99 per cent. of the profession of America. There can be no doubt of the attitude of the profession to-day. This was well illustrated in the adoption of the Rauch resolutions by the American Medical Association at Detroit, providing that parties holding diplomas of later date than 1890, must have attended at least four courses of lectures before receiving a degree, in order to secure membership in this association. The resolution was adopted unanimously. The four-year amendment was adopted by the College Association at San Francisco by a vote of seventeen to five, and afterwards ratified by a unanimous vote. Minnesota has amended her medical requiring attendance upon four courses before admitting parties to an examination to begin practice. The Iowa Board of Health has adopted the four-year minimum of requirements, as well as several other States. The repeal of the San Francisco amendment will be far-reaching in its pernicious influences upon both the profession and the colleges. The present is a period of evolution in methods of medical education in this country, all signs pointing toward an immediate

solution of higher medical education in the United States. We had hoped to be soon relieved of the repeated jibes of the foreign medical press that have for years taunted us upon the question of medical education. The *Journal* appeals to the colleges of the country to immediately carry into execution the provisions of the four-year course. A failure to do so will result in humiliation and disgrace. It is needless to discuss this question from a professional standpoint, as the arguments are one-sided. Upon investigation it will be generally conceded that no valid argument can be afforded in favor of a repeal of the present provisions of the College Association calling for attendance upon four courses of lectures before conferring the degree of M.D.

We cannot believe that the better judgment of the College Association will permit this backward move; and as the statistics show that the colleges of the highest rements are now having the largest and best classes, we think the matter of self-interest will have a powerful bearing in preventing such a catastrophe.

Respiratory Complications of Typhoid Fever.

E. Fletcher Ingalls in Medical Examiner.

Acute rhinitis may manifest itself early or later in the disease. It usually disappears before convalescence is established. The dried secretions, which block up the nasal passages and annoy the patient, may be removed by an alkaline or oily spray, applied two or three times daily. A saturated solution of boric acid answers well. An oily spray, consisting of thymol gr. $\frac{1}{2}$, oleum carophylli minims 3, and liquid albolene 1 oz., gives much comfort.

Necrosis of the nasal cartilage occurs occasionally in the course of typhoid. Perforation of the nasal septum is by no means always due to syphilis. There are few cases of perforation of the septum without involvement of the vomer, that are of specific origin. The treatment is to use the sprays as above and later touch the ulcerating

edges with iodine.

Acute laryngitis may cause great inconvenience, but is easily relieved by sedative vapor of opium, belladonna or lupulin. Five grains of either extract of belladonna or opium are added to one ounce of water. A teaspoonful of this is placed in a pint of water at 150 and the patient allowed to inhale through an ordinary inhaler; or eight grains of boric acid and one or two of zinc sulphate to the ounce of distilled water may be sprayed into the throat; or three to five grains of menthol in an ounce of liquid albolene may be used in the same way.

If edema of the larynx occurs the parts should be sacrificed at once. If this fails to give relief tracheotomy should be done immediately. It is not safe to depend upon pilocarpine.

In a little less than 1 per cent. of all fatal cases, chondritis or perichondritis of the laryngeal cartilages occurs. It is indicated by tenderness in the larynx, dysphagia, hoarseness and dyspnea. This condition soon requires tracheotomy. The majority of these cases prove fatal.

Pleurisy is most likely to occur late in the attack. The symptoms are not usually prominent. Careful examination must be made. The collection of fluid usually becomes purulent and empyema results. At first aspiration should be performed, but if this does not give proper results within two or three weeks resection should be performed; in the meantime patient's nutrition should be looked after.

Bronchitis is a comparatively common complication of typhoid fever. It is sometimes associated with lobular pneumonia and with hypostatic congestion of the lungs. Slight catarrhal inflammation needs no mention, but a grave complication is the inflammation of the finer bronchi. As a rule there is little cough or expectoration. Although respiration is accelerated the patient does not complain of dyspnea. Passive congestion is occasionally associated with it and gives rise to slight dulness at the base of the lungs. Upon auscultation, sibilant, moist and subcrepitant rales are heard. When the rales are extensive and are accompanied by

expectorations of tenacious stringy mucus and by dyspnea, the prognosis is unfavorable. In such cases carbonate of ammonia, strchnine, nux vomica and alcoholic stimulants are indicated together with counter irritants to the chest.

Hypostatic congestion and pulmonary edema result from imperfect circulation and long continuance in one position. The patient ought to take frequent deep inspirations and have his position often changed.

Lobar pneumonia is a frequent complication. It may develop in the beginning of the attack of typhoid, although it does not usually occur until the second or third week. True croupous pneumonia comes on insidiously; its symptoms are often masked by the original disease. Its presence is indicated by increased rapidity of the pulse and respiration with irregular temperature and great prostration. Cough and bloody sputum are seldom present. The diagnosis is made on the symptoms already mentioned and the more or less imperfect physical signs of consolidation. Extensive inflammation of the lung complicating typhoid is always very grave. In treatment all degressing agents should be avoided.

Tuberculosis in the Insane.

American Journal of Insanity.

Dr. E. C. Bondurant (*New York Medical Journal*, February 23) gives the results of studies in the Alabama Boyce Hospital, as regards the frequency of tuberculosis in the insane. Out of 179 deaths that occurred among the white patients during three years and nine months, beginning October 1, 1890, fifty-one (28 per cent.) were due to tuberculosis, and out of 116 deaths among those of the colored race forty-nine (42 per cent.) were from the same cause.

Autopsies were made in 163 cases, 91 white, 72 colored. Indications of existing or formerly existing tuberculosis were found in 91 cases, 50 white, 41 colored. That is, existent or former tuberculosis was found in 25 per cent. of the white and 57 per cent. of the colored patients. Of the 91 tubercular

patients general miliary tuberculosis (tubercular nodules in larger masses in all, or nearly all, the internal organs) existing in 19—4 white and 15 colored. Three of these (all colored) could be classed as acute miliary tuberculosis. In the others the disease was less disseminated, and in 16 there were only the evidences of old healed lesions, scars, chalky nodules, fibrous bands, etc. (14 white, 2 colored).

There are at present in the hospital several patients surely tuberculous, but in whom the disease is at a standstill, and some in whom it has made progress for eight or ten years, and some half a dozen in whom it has been, to all intents and purposes, quite cured. These are nearly all among the whites. Such cases are extremely rare among the colored inmates.

The conclusions Dr. Bondurant deduces are as follows:

"The mortality from tuberculosis is greater among the negro race than among the white.

"The disease runs a more rapid course in the negro.

"Cases of cure or arrest are comparatively infrequent in the negro.

"The disease becomes much more widely diffused throughout the bodily tissues and organs in the negro, more than a third of the fatal cases showing a general infection."

Brief details are given of the 16 cases in which evidences of cured tuberculosis were met with at the autopsies. In conclusion the author says:

"Our figures show, then, that of 163 cases coming to autopsy, 91, or 56 per cent., had at some time suffered from tuberculosis; of these 91 cases 16 recovered entirely; in 5 more the disease had been arrested, and was making no progress whatever at the time of death from other causes than tuberculosis; and in 9 other cases the disease was confined to small circumscribed areas in the lungs or other organs, pursued a very chronic course, and was not the direct cause of death. In other words, while more than half of the patients in the insane hospital at some time suffer from tuberculosis, one-third of those

who contract the disease make a good stand against it, either entirely recovering, or living for a term of years without being injuriously affected by small, though unhealed, foci of tuberculosis, or dying from some other cause in the course of a very mild and chronic form of the disease."

The facts shown by Dr. Bondurant, as to the greater fatality of tuberculosis in the colored race, should be kept in mind when considering his final remarks. If his patients had all been white a still better figure of recoveries or resistance to the disorder must necessarily have been shown.

The paper is a very timely one, in view of the present agitation to make the lot of consumptives still more miserable by treating them as lepers and outcasts.

If one-third of the cases, under all the unfavorable circumstances of insanity and confinement with other diseased individuals, show such resistance, what ought to be expected under better conditions? The proportion of the tuberculous patients among the insane is moreover not extreme when we consider that autopsies made elsewhere show a very large infected proportion, 50 per cent. according to the records of the Paris morgue, for example.

The conditions existing in insanity directly favor in many ways the development of tuberculosis and its fatal results. They prepare the soil and the seed is practically omnipresent, and we do not see how it can be very well otherwise.

The prevention of consumption will have mainly to be, as heretofore, by active strengthening the resisting powers rather than by attempting to extirpate a germ from which probably no one can perfectly escape.

Fined for Refusing to Give Expert Testimony.

Medical Review.

The decision of Judge Creighton in the January, 1895, term of the circuit court of Sangamon county, involving the principle of the payment of fees for expert testimony,

brought by the Springfield (Ill.) Medical Club, is of interest to the profession.

As a test case an appeal has been taken to the Appellate Court of the Third District which convenes in May. Eventually it will be carried to the Supreme Court.

In a suit for damages for injury caused by a defective sidewalk, brought by Olive Purdy against the City of Springfield, Illinois, Dr. J. N. Dixon was called as an expert witness on the part of the defendant, and as an expert only, and when asked a hypothetical question declined to answer on the ground that an expert witness is entitled to a different and greater compensation than an ordinary witness is allowed, and that an expert is not required to give expert testimony without compensation as an expert, unless a reasonable compensation shall have been paid or provided for; that he had not been paid nor offered anything for compensation for his expert or professional opinion in the case, a fee (of \$10) having been asked for and expressly refused.

The judge said: It is the opinion of the court that you are not entitled to receive any such fee, but it is your duty to testify as an expert witness.

The witness still refusing to answer, the judge ordered that the hypothetical question be again put to the witness with the warning that if he should refuse to answer he would be held in contempt, saying:

The court is of the opinion that it is the duty of every person summoned as a witness in this State, to obey the process of the court and to testify, and that it is wholly immaterial whether the man be called from his labor as a mere laborer, or called from his bank, or called from his store, or called from a lawyer's office, or called from a doctor's office; it is the duty of every citizen to respond to the process of the court and answer as a witness, and give the court the benefit of any knowledge he may have of facts, or any knowledge he may have of science or otherwise, which will be of benefit in determining the truth in the controversies that arise between litigants in this State, so far as that can be done by simply giving testimony in open court.

Of course the court has no power to compel an expert to make an examination outside of court, or to prepare himself to testify, but so far as the witness is able to respond to proper questions propounded to him on the trial of a cause, while he is on the witness stand, without previously making special preparation or examination to enable him to answer that particular question, I think it is his duty to answer. Especially the court holds is that true of physicians. Physicians in this State are favored children of the State; a department of the State government is maintained very largely for their benefit; they hold a license to practice their profession, and practice by grace as well as by right, and are so hedged about and protected by the laws of the State, and by public opinion and confidence, that in five minutes of time a doctor may earn more than an ordinary laborer could earn in a day, and may continue to earn such fees all day long, even on a day he may be required to attend court, except the hour or so devoted to attending on the court. Very much of that is because of the laws of the State which nurse their profession, and by grace which the State and Society extends to them in regard to their profession, and when the State through its court calls upon them as experts to help in an hour of need, they ought to respond as cheerfully and promptly as any class of citizens in the State. The farmer who knows how to plant corn and raise hogs is an expert, the banker is an expert, the section hand on the railroad is an expert, the merchant is an expert, every citizen who is of any value to himself or anybody else is in some field an expert, and may be called upon sometimes to testify as an expert, and there is no reason why one class should have different rights or other rights than every class has. It is absolutely impracticable to provide a system of expert fees for every class; the banker might claim he could earn a hundred dollars a day, the merchant might claim he could earn fifty dollars a day by attending to his business, the ditch digger might claim he could earn ten dollars by digging in his ditch, and so on along the line. A system of expert wit-

ness fees which would give every man who is called upon to testify as an expert, professional compensation, would make the administration of justice absolutely impracticable; would amount to requiring the litigant to purchase justice, which the constitution forbids. There is no law in this State that provides for paying experts professional fees, that is, when they are not called upon to make particular preparation outside court for testifying in the case. If a man who has a case to try wants an expert to examine something outside of court and hires that expert to do it, it is just like hiring a man to do anything else, and whatever he agrees to pay him or whatever the service is reasonably worth he must pay, the same as when any other service is performed under contract or by request. The court could not make any person go outside the court to do any act to qualify himself to testify in any particular case, but the court can compel witnesses to come into court and compel them to answer, so far as they are able to do at the time, every proper question put to them, and that is as true of expert witnesses as of any other, and it is the opinion of the court that this witness ought to answer, and it is the order of the court that he shall answer.

The witness declining to answer, the court found him guilty of contempt fixing his fine at \$25.

Cocaine Injections in Place of Castration for Enlarged Prostate.

The Times and Register.

Dr. S. E. McCully writes to the *Medical Record*:

"For many years the difficulty of enlarged prostate has been to me one of considerable importance. Castration is probably the least desirable operation in operative surgery, not because of the difficulties or dangers present in the removal of the testicles, but because of the destruction of the virility of the individual concerned.

"There is an old saying 'any port in a storm,' and while in search for a remedy

short of absolute castration I have devised a method that has so far succeeded in two cases. My method is to inject cocaine directly into the testicles twice per week for about two months. There is considerable absorption, spermatozoa cease to be produced in about six weeks; the patient gets immediate relief from the distressing symptoms of prostatitis and enlargement, the gland gradually shrinks to its normal size, and the finale of the case is recovery, with the power of copulation, but absolute cessation of the production of spermatozoa. Is not this better than castration?

The Mechanical Treatment of Anasarca.

North American Practitioner.

Long clinical experience, comprising a large number of patients, has convinced Prof. Leichtenstern, head physician to the Municipal Hospital of Cologne, that the best mechanical treatment of anasarca consists in making in each foot of the patient a single incision of sufficient depth and extent. This procedure is now employed to the exclusion of all others in Prof. Leichtenstern's wards. His assistant, Dr. H. Schurz, describes it as follows:

The patient is placed in an armchair, with the feet on a small stool in a foot-bath. The legs of the patient, as well as the stool and foot-bath, must have been previously washed and asepticised. The incision is made either below the external malleolus, near the plantar border, or on the dorsum of the foot comprising the whole thickness of the skin for about three centimetres in length. After the slight hemorrhage resulting from the incision has been arrested, the margin of the wound is coated with vaseline, after which it is covered with a small compress of iodoform gauze, steeped in a perchloride of mercury solution, and a thin cotton-wool dressing is applied to the leg.

The patient is to remain in a sitting posture during the day, and also during the night, in a chair specially arranged for this purpose. The legs of the patient are slightly

raised so as to rest on an inclined plane, and are wrapped in a rubber sheet forming a drain through which the serous liquid flows into the recipient at his feet. A few drops of carbolic acid are poured into the latter, in order to prevent the decomposition of the liquid.

If a suitable chair is not obtainable, the patient remains in his bed at night, and possibly also during the day, in which case the bed should be so arranged as to form an inclined plane, the legs being wrapped as before in an impenetrable material communicating with a vessel destined to receive the serous fluid.

The dressing is renewed once daily. If the incisions are found to be closed up by fibrinous clots, or if their margins are glued together, they should be separated and the wound carefully washed. To cause the wounds to close permanently, it is only necessary to apply a moderately tight dressing. Cicatrisation is usually complete at the end of a week. In case the wounds are widely open, it may be necessary to place a few sutures to hold the edges together.

According to Dr. Schurz the flow of serous fluid under this treatment is four times as abundant as when recourse is had to one of the usual methods of drainage recommended for the relief of general dropsy.

Painful excoriations of the skin and exzematous eruptions have never been noticed in any of the many patients treated by this method.

SUCH farces as are now being given the public under the title of investigations are not only disgraceful to the State administration, but since most all of the charitable institutions of the State are and have been under the supervision of a member of the medical profession, are likely to bring great discredit upon this high calling.

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for \$2.50.

Nervous Complications Caused By Muco-Membranous Enteritis.

Journal of Nervous and Mental Disease.

M. Cantru, in *Medecine Moderne*, states that in cases of epilepsy, chorea, or other grave nervous manifestations of which the cause remains undetermined, especially when no neuropathic heredity exists, we should look to the intestine for the existence of muco-membranous enteritis. If this condition be found, it should be considered the cause rather than the effect of the nervous complication. In such cases it becomes especially important to avoid the employment of the bromides, for when taken by the stomach they not only fail to cure the complications, but rather keep up the malady by their irritating action on the mucous membrane of the intestine. This observation is a very just one, and does not in any way compromise the justifiable reputation of bromide of potassium in the treatment of epilepsy.

The Influence of Alcohol on Sexual Perversions.

Journal of Nervous and Mental Disease.

Aug. Forel calls attention to the fact that the inordinate use of alcoholic beverages not only leads to the development of the ordinary alcoholic psychosis, especially delirium tremens, but it also plays a prominent role in psycho-pathology in two different ways:

Firstly, the hereditary, pathological predisposition of certain persons is such that they cannot indulge in alcohol moderately, but become dipsomaniacs at once, if they do not abstain all their lives.

Secondly, alcoholic intoxication either stimulates or develops directly any latent psycho-pathological germs that might otherwise have remained latent.

In the current casuistic of sexual perversions the principal factors enumerated are congenital and acquired dispositions, acquired nervous or mental disorders, and, in some cases, bad habits. There is no men-

tion of alcohol as a causative factor. Forel observed cases in which the use—or abuse—of alcohol was a most prominent feature, and enumerates divers illustrative histories. It is an established fact that epileptics stand alcohol very badly, and when intoxicated are especially dangerous. There is also an alcoholic epilepsy, the subjects having fits only when intoxicated.

Forel also alludes to the "pathological" intoxications, followed by amnesia, and concludes that nearly every psychosis is aggravated by the use of alcohol. Other psychoses, which are either caused or kept up by alcohol are, for instance, alcoholic mania, melancholia, pseudo-paralysis, incurable secondary dementia, acute and chronic hallucinatory folly, etc. Forel observed many cases cured by abstinence, and considers indulgence one of the greatest obstacles in the radical cure of morpho-mania. He has always observed that the excitement of the insane in asylums was always greater after entertainments at which wine or beer was served. At Burgholzi, of which Forel is director, alcoholic beverages have been substituted by milk and lemonade. He commends following the example of the London asylums and that of Krapelin, in Heidelberg, by prohibiting the use of alcoholics.

PERIPHERAL FACIAL PARALYSIS IN SECONDARY SYPHILIS.—A case of peripheral facial paralysis in the secondary stage of syphilis, is reported by A. Boix (*Arch. Gen. de Med.*, S. 152). Simultaneously with the facial paralysis, there was a herpes zoster occipito-cervicalis. A cure was accomplished in six weeks. As the cause of the affection, Boix considered a compression of the facialis by meningitis sclerogummosa, from osteitis or periosteitis of the aqueduct of Fallopius. Syphilitic neuritis was excluded. The appearance of the paralysis in the secondary stage presaged an early occurrence of tertiary symptoms, and indicated a high degree of intoxication.

HARE says that nitro glycerine is a heart sedative and not a stimulant.

A QUICK METHOD FOR THE FILTRATION OF A SMALL QUANTITY OF URINE.—For a long time it has been a problem to know how, with the apparatus usually at hand, to obtain quickly and easily a small quantity of clear urine from a cloudy specimen in order to make the usual test for albumin.

The following plan, which has proved extremely easy and satisfactory in my own case, will, I think, be found equally so in the hands of others: A small quantity of the cloudy urine is placed in a test-tube, the mouth of the test-tube plugged with cotton with a moderate degree of firmness. A second test-tube is placed with its mouth to the first. The position of the tubes is now reversed so that the one with the urine is bottom up. The upper tube is now carefully and gently heated over the flame of a Bunsen burner or alcohol flame, and the expansion of the air above the urine immediately forces it through the cotton plug, and the filtered urine collects in the lower tube. In this we imitate to a degree the rapid-filtering apparatus of laboratories, but use pressure above the fluid to be filtered instead of an air-exhaust below.—*Boston Medical and Surgical Journal*.

Malarial Conditions.

For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemispheres), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition,

the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure.

Antikamnia and quinine are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition.

Magic in a Kola Nut.

A very interesting account of a trial of the kola nut appears in the *Chicago Times-Herald*. Dr. Woodward and Lieutenant Harris walked from Ft. Sheridan to Chicago without other food or drink during the journey except some kola nuts and some essence of kola. The effect of the kola is well shown in this report, which we give in part:

"Nine hours after the start, at 4 o'clock in the afternoon, the two men, travel-stained and tired, but still good for a great deal of physical exertion, entered the army headquarters in the Pullman Building. They had walked between thirty and thirty-five miles—the exact distance the pedestrian covers between Van Buren street and Fort Sheridan being hard to compute to a nicety. Most of the way they had found good walking on level roads, but a mile or so over the Northwestern Railway ties has tried their soles.

They were welcomed as pioneers and experimenters in the domain of science reserved to be by the headquarters staff. They were plied with questions likewise. Such queries were put as: "If you had to go on guard duty right now, or were required to fight, are you in condition for it?" which the pair replied to in the affirmative.

"This experiment proves, I think," said Dr. Woodruff to his brother officers at headquarters, "that if the railway could not be used for any reason to bring the troops from Fort Sheridan into Chicago they could get here in ten hours on their legs re-enforced by emergency rations of kola nut, and they

would be ready for active service when they arrived, too."

Dr. Woodruff found that two kola nuts sufficed for the march of thirty-five miles, and his companion only ate about one and a half. They had no other food and drink, as already stated, save a glass of soda water for the doctor, who really had no desire for it, and when they got back to the mess that night they had little or no appetite for dinner. If you have ever walked twenty miles or more in a day, with normal health, you remember, doubtless, what hard work it was to get enough to eat and drink, and how sleep weighed down your eyelids. Dr. Woodruff says that he had difficulty in getting to sleep the night following his experiment with the African nut. Other than this no ill effects were experienced by either man. There was no reaction, as from stimulants is commonly to be expected, no depression of the spirits, nothing but insomnia similar to that induced by the excessive use of coffee.

For the purpose of comparison, a week or so after the first trip Dr. Woodruff again started to walk to Chicago from Fort Sheridan, this time without the assistance of kola nuts.

He had observed on the first occasion that about twenty miles out his muscles had shown fatigue, and, after a stop for a minute or two's rest, some stiffness, but as soon as he had started again the muscles seemed to take new life, or, as he expressed it, "to have been wound up." When two-thirds of the distance had been covered the second time Dr. Woodruff's feet dragged, the muscles of his legs ached and he was as hungry as a wolf. It would have been painful to have gone on, and he cut the trip short.

Of this much, then, he is certain: With a small piece of kola nut to masticate every now and then he was able to accomplish the journey with comfort, without it he was not. Mathematically expressed, he thinks he did one-quarter more with the kola than he could do without it.

OIL of cinnamon in solution of 1 to 500 is a good antiseptic application in nasal disease.

Paskola.

It is doubtful if the medical profession has ever witnessed a more furious attack than that which has been urged against paskola, the new predigested food. It has been maligned and misrepresented right and left, but the fact is now clearly established that the animus of these attacks sprang from the manufacturers of competing preparations who were startled by the phenomenal success and popularity of a comparatively new claimant for favor.

Paskola was attacked because of its success not because of its failure. Its success stood in the way of rivals.

Within the short space of one year paskola has come to be one of the most largely sold and generally used medicinal foods on the market. We venture to say that more voluntary letters of commendation have been received by its manufacturers within this period than have ever fallen to the lot of a house similarly engaged.

The best way for the reader to learn of the merits of paskola is by actual experience, and the manufacturers offer to send a supply, express prepaid, to any physician who may request it.

THE initial number of *Medicine*, a monthly journal of medicine and surgery, has just been issued from the publishing house of Geo. S. Davis. It is edited by Harold N. Moyer, M.D. The first number contains some excellent papers by prominent American authors and several fine illustrations. The success of *Medicine* is well assured.

THE new Board of Health of the city of Topeka is made up of the following well-known physicians: M. R. Mitchell, W. S. Lindsay, and L. Y. Grubbs—Dr. Mitchell being also city physician and health officer.

A FRENCHMAN now living in Russia is said to have reached the age of 126 years, and is consequently the oldest man in the world.